

IA ETHICS AND
CAMPAIGN DISCLOSURE

FOR INSTRUCTIONS, SEE BACK OF FORM OCT 22 PM 4:17

CHECK ONE:

- ☒ This is an Initial Statement of Organization
☐ This is an amended Statement of Organization

*An Initial Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization. A candidate with an open committee that exceeds \$750 in activity for another office shall file within 10 days either a new or amended DR-1 disclosing information concerning the campaign for the new office sought.

FORM DR-1 (Rev. 04/2008)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	9779
Indexed	
Audited	
Computer	

COMMITTEE NAME (A candidate's committee must include the candidate's last name in the name of the committee.)

Life for All Political Action Committee

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative/Judge Standing for Retention Candidates (2) Statewide PAC (3) State Party (4) County Central Committee
 (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC
 (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)

COMMITTEE TREASURER (mandatory for all committees)

Name Robert Cramer
 Mailing Address 9717 NW 74th PL
 City, State Zip Code Grimes, IA 50111
 Phone (515) 986-9372

e-Mail RCramer@CramerandAssociatesinc.com

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name IA-MARA SCOTT
 Mailing Address PO BOX 277
 City, State Zip Code NORWALK, IA 50211
 Phone (515) 577-4985

e-Mail IA-MARA@CDWI.COM

INDICATE PURPOSE OF COMMITTEE - Check One Box

- Comment or description: ☒ Advocate for/against candidate(s) ☐ Advocate for ballot issue(s)
☐ Advocate against ballot issue(s)

All Candidates Enter:

Office Sought:

County/Local Candidates and Local Ballot Committees Enter:

Political Party (if applicable)

County:

(If active in multiple ballot issue elections, attach list of counties)

District:

Date of Election:

Year Standing for Election:

Bank Account Name (must match committee name)

Bank of Iowa Life for All PAC
 Name of Financial Institution/Type of Account

Bank Iowa

Mailing Address

1150 Jordan Creek Parkway

City State Zip West Des Moines IA 50266

Candidate name & Address or Parent Entity (PACs, if applicable),
 Affiliates, or Sponsor

Mailing Address

City

State

Zip

Phone ()

e-Mail

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

- The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
- That Iowa Code section 68A.402 and rule 351-4.0 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
- That Iowa Code section 68A.405 and rules 351-4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in lieu of filing this form.
- That Iowa Code section 68A.503 and rules 351-4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
- A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 351-4.25.
- That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-2) has been filed.

Signature of Treasurer

Signature of Candidate, OR, for all other committees, Chairperson

Date Signed

Date Signed

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FORM

DR-1

(Rev. 04/2008)

STATEMENT

OF
ORGANIZATION

For Office Use Only

Comm. #

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COMMITTEE NAME

↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)

Life for All Political Action Committee

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee
(5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC
(10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)

COMMITTEE TREASURER (mandatory for all committees)

Name Robert Crane

Mailing Address 9717 NW 74th PL

City, State Orlando, FL Zip Code 32811

Phone (515) 949-986-9372

e-Mail RCrane@CraneandAssociatesinc.com

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name TAMARA SCOTT

Mailing Address PO BOX 277

City, State NORWALK, IA Zip Code 50211

Phone (515) 577-4985

e-Mail VOTESCOTTCDLW.COM

INDICATE PURPOSE OF COMMITTEE - Check One Box

- ☒ Advocate for/against candidate(s) ☐ Advocate for ballot issue(s)
☐ Advocate against ballot issue(s)

All Candidates Enter:

Office Sought: _____

Political Party (if applicable) _____

District: _____

Year Standing for Election: _____

County/Local Candidates and Local Ballot Committees Enter:

County: _____

(If active in multiple ballot issue elections, attach list of counties)

Date of Election: _____

Bank Account Name (must match committee name)

↓ ↓

Name of Financial Institution/type of Account ↓ ↓

Mailing Address ↓ ↓

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

↓ ↓

Mailing Address ↓ ↓

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Phone () _____

e-Mail _____

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Signature of Treasurer

Signature of Candidate, OR, for all other committees, Chairperson

Date Signed

Date Signed